

County: Green Lake  
 MARKESAN RESIDENT HOME  
 1130 NORTH MARGARET

Facility ID: 7650

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MARKESAN 53946 Phone:(920) 398-2751  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/03): 72  
 Total Licensed Bed Capacity (12/31/03): 72  
 Number of Residents on 12/31/03: 67

Ownership: Non-Profit Corporation  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 69

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%	
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No					1 - 4 Years		34.3	
Supp. Home Care-Personal Care	No					More Than 4 Years		40.3	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4.5			13.4	
Day Services	No	Mental Illness (Org./Psy)	31.3	65 - 74	7.5				
Respite Care	Yes	Mental Illness (Other)	9.0	75 - 84	29.9			88.1	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	41.8	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	16.4	Full-Time Equivalent			
Congregate Meals	Yes	Cancer	1.5			Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)			
Other Meals	No	Cardiovascular	9.0	65 & Over	95.5				
Transportation	No	Cerebrovascular	13.4			RNs		10.9	
Referral Service	Yes	Diabetes	0.0	Gender	%	LPNs		11.1	
Other Services	Yes	Respiratory	0.0			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	35.8	Male	29.9	Aides, & Orderlies			
Mentally Ill	No			Female	70.1				
Provide Day Programming for			100.0						
Developmentally Disabled	No				100.0				

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	5	100.0	336	0	0.0	0	0	0.0	0	2	9.5	169	0	0.0	0	0	0.0	0	7	10.4
Skilled Care	0	0.0	0	41	100.0	118	0	0.0	0	17	81.0	159	0	0.0	0	0	0.0	0	58	86.6
Intermediate	---	---	---	0	0.0	0	0	0.0	0	2	9.5	159	0	0.0	0	0	0.0	0	2	3.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		41	100.0		0	0.0		21	100.0		0	0.0		0	0.0		67	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	10.7	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.2	Bathing	0.0	80.6	19.4	67
Other Nursing Homes	1.2	Dressing	0.0	91.0	9.0	67
Acute Care Hospitals	77.4	Transferring	6.0	83.6	10.4	67
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	0.0	88.1	11.9	67
Rehabilitation Hospitals	0.0	Eating	44.8	49.3	6.0	67
Other Locations	9.5	*****				
Total Number of Admissions	84	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	11.9		Receiving Respiratory Care	22.4
Private Home/No Home Health	17.4	Occ/Freq. Incontinent of Bladder	56.7		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	17.4	Occ/Freq. Incontinent of Bowel	41.8		Receiving Suctioning	0.0
Other Nursing Homes	1.2				Receiving Ostomy Care	1.5
Acute Care Hospitals	1.2	Mobility			Receiving Tube Feeding	3.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	11.9		Receiving Mechanically Altered Diets	35.8
Rehabilitation Hospitals	0.0					
Other Locations	17.4	Skin Care			Other Resident Characteristics	
Deaths	45.3	With Pressure Sores	9.0		Have Advance Directives	85.1
Total Number of Discharges		With Rashes	9.0		Medications	
(Including Deaths)	86				Receiving Psychoactive Drugs	50.7

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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: 50-99 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.8	86.2	1.11	83.7	1.14	84.0	1.14	87.4	1.10
Current Residents from In-County	52.2	78.8	0.66	72.8	0.72	76.2	0.69	76.7	0.68
Admissions from In-County, Still Residing	17.9	24.5	0.73	22.7	0.79	22.2	0.80	19.6	0.91
Admissions/Average Daily Census	121.7	110.9	1.10	113.6	1.07	122.3	1.00	141.3	0.86
Discharges/Average Daily Census	124.6	116.1	1.07	115.9	1.08	124.3	1.00	142.5	0.87
Discharges To Private Residence/Average Daily Census	43.5	44.0	0.99	48.0	0.91	53.4	0.81	61.6	0.71
Residents Receiving Skilled Care	97.0	94.4	1.03	94.7	1.02	94.8	1.02	88.1	1.10
Residents Aged 65 and Older	95.5	96.1	0.99	93.1	1.03	93.5	1.02	87.8	1.09
Title 19 (Medicaid) Funded Residents	61.2	68.3	0.90	67.2	0.91	69.5	0.88	65.9	0.93
Private Pay Funded Residents	31.3	22.4	1.40	21.5	1.46	19.4	1.61	21.0	1.50
Developmentally Disabled Residents	0.0	0.6	0.00	0.7	0.00	0.6	0.00	6.5	0.00
Mentally Ill Residents	40.3	36.9	1.09	39.1	1.03	36.5	1.10	33.6	1.20
General Medical Service Residents	35.8	17.2	2.08	17.2	2.08	18.8	1.90	20.6	1.74
Impaired ADL (Mean)	51.0	48.1	1.06	46.1	1.11	46.9	1.09	49.4	1.03
Psychological Problems	50.7	57.5	0.88	58.7	0.87	58.4	0.87	57.4	0.88
Nursing Care Required (Mean)	10.1	6.8	1.48	6.7	1.50	7.2	1.41	7.3	1.38